2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 11, 2005 8:00 am Secretary of State

| DOCUMENT # L04000010634 1. Entity Name NELSON CABALLERO DRYWALL, L.L.C. | | | | | | | | 07-11-20 | 005 90 | 0044 00 | 3 ****50 | 0.00 | |
|--|---|---|--|--|---|--------------|--|-----------------|-----------|-----------|-----------------------------------|------------------------------|--|
| Principal Place of Business 1315 S HOAGLAND BLVD KISSIMMEE, FL 34741 | | | Mailing Address 1315 S HOAGLAND BLVD KISSIMMEE, FL 34741 | | | | ረብበብሞተ _ባ ለ | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 07062005 | Chg-LLC | ; | CR2E | 83 (10/03) | | |
| City & State | | | City & State | | | | 4. FEI Numbe | 072 | 90 | 63 | N | oplied For ot Applicable | |
| Zip | Zip Country | | Zip | Zip Counti | | | 5. Certificate of Status Desired | | | | \$5.00 Additional Fee Required | | |
| | 6. Name | and Address of Current | Registered Agent | | Name | | 7. Name and | Address of I | Yew Re | gistered | Agent | | |
| CABALLER 1315 S HO KISSIMME | AGLAND | BLVD | | | | dress (P | s (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | City | | ••• | | | FL | Zip Coo | le | |
| 8. The above the obligati | named entititions of regis | ry submits this statement fo tered agent. | r the purpose of changing its | registere | ed office or re | registere | d agent, or boti | n, in the State | e of Flor | ida. I am | familiar with, | and accept | |
| SIGNATURE . | Signature, typed | d or printed name of registered agent | and title if applicable. (NOTE | : Registered | d Agent signature | e required v | hen reinstating) | | | DATE | , | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | | | | | Make check payable to Florida Department of State | | | | | | |
| Fil Due | ling Fee i by Septer | s \$50.00 nber 7, 2005 | | | | | | F | | - | - | le | |
| Pil Duert | ling Fee i | s \$50.00 nber 7, 2005 MANAGING MEMBE | RS/MANAGERS | 10. | | | | | lorida | - | ent of Stat | le | |
| Duerb | MGR CABALLE | mber 7, 2005 | RS/MANAGERS | TITLE NAME STREE | | | | | lorida | Departm | ent of Stat | de ☐ Addition | |
| 9. TITLE NAME STREET ADDRESS | MGR CABALLE 1315 S H KISSIMM MGR ARNALD | MANAGING MEMBE ERO, NELSON E OAGLAND BLVD | | TITLE NAME STREE CITY- TITLE NAME STREE | ET ADDRESS - ST- ZIP | | | | lorida | Departm | ent of Stat | | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MGR CABALLE 1315 S H KISSIMM MGR ARNALD | MANAGING MEMBE ERO, NELSON E OAGLAND BLVD EE, FL 34741 O ROMERO, JOSE OAGLAND BLVD | ☐ Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE | ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP | 1315 | A Buye | ADDIT | IONS/C | Departm | Change | ☐ Addition | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MGR CABALLE 1315 S H KISSIMM MGR ARNALD | MANAGING MEMBE ERO, NELSON E OAGLAND BLVD EE, FL 34741 O ROMERO, JOSE OAGLAND BLVD | □ Delete Delete | TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE | ET ADDRESS ET ADDRESS ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP | Nelo | A Buye | ADDIT | IONS/C | Departm | Change | ☐ Addition | |
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| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CABALLE 1315 S H KISSIMM MGR ARNALD | MANAGING MEMBE ERO, NELSON E OAGLAND BLVD EE, FL 34741 O ROMERO, JOSE OAGLAND BLVD | Delete Delete Delete | TITLE NAME STREE CITY- | ET ADDRESS ST-ZIP E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E -ST-ZIP | Nelo | A Buye | ADDIT | IONS/C | Departm | Change Change Change | Addition Addition Addition | |

Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE